

NAME CYPRUS THOMPSON CREEK MINES  
 ADDRESS P.O. BOX 62  
CLAYTON ID 82227  
 FACILITY  
 LOCATION A.R. JACOBS  
 ATTENTION M. D. MARTIN, GEN'L MGR.

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

100025402  
 PERMIT NUMBER

002 A  
 DISCHARGE NUMBER

F - FINAL

DISCHARGE TO PAT HUGHES CREEK

UNITS 100, 2000-1000  
 Approval expires 9-30-85

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01		84	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		7.44	*****	7.90			
0400 .1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		WEEKLY	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	1.8	3.0			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		WEEKLY	GRAB
0530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
LDW, IN CONDUIT OR	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		DAILY	
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
0050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		DAILY	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
A. R. Jacobs  
General Manager  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 208 838-2200  
 AREA CODE NUMBER  
 DATE  
 86 03 10  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.



DISCHARGE MONITORING REPORT (DMR)

UWIS NO. 2090-0004  
Approval expires 9-30-85

NAME CYPRUS THOMPSON CREEK MINES  
ADDRESS P.O. BOX 162  
CLAYTON IO 82227  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
ATTN: MR. J. MARTIN, GEN'L MGR.

(2-16) (17-19)  
100025402  
PERMIT NUMBER  
001 A  
DISCHARGE NUMBER  
MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
86 02 01 86 02 28  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL  
DISCHARGE TO BUCKSKIN CREEK

MAJOR (SUBR 03)  
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		0	*****	0		0		
00400 1 0 EFFLUENT GROSS VOLUME	PERMIT REQUIREMENT	*****	*****	****	5.5 MINIMUM	*****	5.0 MAXIMUM	SI		WEEKLY	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0		
00530 1 0 EFFLUENT GROSS VOLUME	PERMIT REQUIREMENT	*****	*****	****	*****	20 DAILY AV	30 DAILY MAX	MG/L		WEEKLY	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0	0		*****	*****	*****		0		
50050 1 0 EFFLUENT GROSS VOLUME	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
A. R. Jacobs General Manager			208 838-2200	86	03	10	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

NO DISCHARGE